ACTON BOARD OF HEALTH

7/12/04

ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER

Facility Name: Type of Business: Address: Telephone: Contact Person:	Swanson 7 automotive Swabung Ro TJWANSON	Pontiac Repair 1.—			
Housekeeping: Is area clean: Are spills present: Is there appropriate story Are materials and waste Are spill cleanup material Materials have secondar Are materials and waste	es kept separate: ials available: ry containment: yes yes	no no no no no no			
	otective equipment available in hazardous materials handlir		no no no when no	norden-	-
Are sinks present in any Is testing of septic syste	in any area with hazardous my area with hazardous material m necessary: effect current arrangement: I storage tank) present:		yes no	Bill Murph New Englo Env. Sus	ind
Action Items					
Reinspection required?	Yes (No) Date:	Inspector Signat	llall ure/Date	9/9/05	